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Bib Data Sheet

CONFIRMATION NO. 1986

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/596,362	06/17/2000 RULE	424	1618		
<b>APPLICANTS</b> Gregory Steiner, Honolulu, HI;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/141,805 06/29/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/28/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY HI	SHEETS DRAWING	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met					
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>bf</i> Initials					
<b>ADDRESS</b> 27668					
<b>TITLE</b> Alpha-pyrone compositions for controlling craving and as a substitute for alcohol					
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees		
			<input type="checkbox"/> 1.16 Fees ( Filing )		
			<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )		
			<input type="checkbox"/> 1.18 Fees ( Issue )		
			<input type="checkbox"/> Other _____		
			<input type="checkbox"/> Credit		



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**\*BIBDATASHEET\***

CONFIRMATION NO. 1986

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SERIAL NUMBER 09/596,362	FILING DATE 06/17/2000  RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO.
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## APPLICANTS

Gregory Steiner, Honolulu, HI;

*Correction needed*  
*Application claim priority*  
*to Provisional Application*  
*# 60/141805*  
*filed 6/29/99*

## \*\* CONTINUING DATA \*\*\*\*\*

bf

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

bf

Name

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 08/28/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Examiner's Signature <i>MSubira</i> Initials <i>bf</i>	STATE OR COUNTRY HI	SHEETS DRAWING	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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## TITLE

Alpha-pyrone compositions for controlling craving and as a substitute for alcohol

FILING FEE  RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____